

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-046319

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

VS 300  
Rev. 4/59

14000

24000

3

4

5

6

7

8

9

10

11

12

13

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

8460 Watson Rd. St. Louis

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

Registration District No. 317  
Primary Registration District No. 500  
Registrar's No. 3360

1. PLACE OF DEATH a. COUNTY St Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY St Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Vinita Park		c. CITY OR TOWN Vinita Park	
Length of stay in 1b 2 yrs		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 8235 Flora		d. STREET ADDRESS (If outside, give location) 8235 Flora	
3. NAME OF DECEASED (Type or print) First Middle Last Mary Daniels		4. DATE OF DEATH Month Day Year Nov 2 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-29-1874
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	
13a. FATHER'S NAME Louis C Kling		13b. MOTHER'S MAIDEN NAME Theresa	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT Address Mrs. M. J. Lynch 8235 Flora Vinita Park		14. NAME OF HUSBAND OR WIFE Stephen (Deceased)	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebrovascular accident		INTERVAL BETWEEN ONSET AND DEATH 6 weeks	
DUE TO (b) Hypertension			
DUE TO (c) [REDACTED]			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Oct 1962 to 11-2-63 and last saw her alive on 10-22-1963 Death occurred at 5:40A on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Eoin Leahard M.D.		22b. ADDRESS 8460 Watson Rd. St. Louis	
22c. DATE SIGNED 11-2-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 11-4-63	23c. NAME OF CEMETERY OR CREMATORY St Peter & Paul Cemetery	23d. LOCATION (City, town, or county) St Louis MO
24. FUNERAL DIRECTOR Ortmann F Home 9222 Lackland Overland Mo		25. DATE RECD. BY LOCAL REG. 1-3-63	
26. REGISTRAR'S SIGNATURE John Murphy M.D.			

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Al C. Oltmann*

Licensed Embalmer No.

*3478*

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.